

# Paediatric Asthma Primary Care Referral Pathway Asthma diagnosis



**For Asthma diagnosis please follow Beat Asthma guidelines:**

<https://www.beatasthma.co.uk/resources/primary-healthcare-professionals/asthma-diagnosis/>

## Non-Acute Care Pathway

**Criteria for community pharmacy referral to primary care:**

- The use of over 6 SABA inhalers per year
- if  $\leq 75\%$  of prescribed inhaled corticosteroids have been collected in the last year (or pro rata)
- issue of an emergency supply for a SABA to a CYP

**Criteria for school or community organisation referral to primary care:**

- asthma-related school absences
- asthma-related nonparticipation in physical activity
- the need for use of a reliever inhaler more than twice a week indicates poor control requiring action)

## A structured asthma / wheeze review in primary care

Please use beat asthma structured review template on beat asthma website:

<https://www.beatasthma.co.uk/resources/primary-healthcare-professionals/>

## Managing Uncontrolled asthma

Please address the following points before making referral to secondary care:

- Assess current asthma control – using asthma control test
- Assess and reduce modifiable risk factors
  - Comorbid atopic conditions (Hay fever, eczema, allergy, ....)
  - Younger age
  - Obesity
  - Tobacco smoke exposure
- Review inhaler technique
  - if poor, either correct or issue a new device that the patient can use



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- Review concordance
  - Ask about medication use and look at the number of preventer inhalers that have been issued in the last year
- Identify and eliminate trigger factors (consider allergen exposure, environmental factors etc)
- Optimise care according to national/local asthma guidelines: <https://www.beatasthma.co.uk/resources/primary-healthcare-professionals/>
- Smoking cessation advice and sign posting to services (if required, for parents, carers and YP)
- A health review to consider other conditions impacting asthma and management (diet, weight, lifestyle) and Signposting for further support
- Special consideration should also be given to potential mental health support needed
- Discussion with the parent or carer about housing (Beat Asthma resources) <https://www.beatasthma.co.uk/wp-content/uploads/2017/10/1-Your-Home-and-your-Child%E2%80%99s-Health-2.pdf>

A CYP's asthma management may not be limited to medical management. Other factors which may have an impact are:

- Other medical / long term conditions
- Mental health and psychological factors
- Social deprivation
- Housing
- Family circumstances and support
- Looked after children and young people
- Nutrition
- School environment
- Indoor or outdoor air quality (including second-hand smoke, Beat Asthma resources)

Support from social prescribing link workers or community support teams may be helpful.

If there are any safeguarding concerns, then refer as per local safeguarding pathways.



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## Referral criteria from primary care to secondary care

Please make sure to address all points highlighted in managing uncontrolled asthma section before referral to secondary care:

- $\geq 2$  courses oral corticosteroids per year, despite addressing all points highlighted uncontrolled asthma section and appropriate escalation as per BTS/GINA guidelines <https://www.beatasthma.co.uk/resources/primary-healthcare-professionals/>
- persistent chronic symptoms (most days for >3 months) or worsening of symptoms
- >1 hospital admission or ED attendance per year
- The use of >6 SABA inhalers per year (to note, CYP may have inhalers in different locations such as family homes, schools, clubs etc, therefore this might still be a trigger for a review and discussion)
- Asthma Control Test (ACT) / Childhood Asthma Control Test (c – ACT) score of <20 despite trial of appropriate management strategies in primary care following BTS/GINA guidelines:  
<https://www.beatasthma.co.uk/resources/primary-healthcare-professionals/>
- Poor asthma control despite GINA step 2: <https://www.beatasthma.co.uk/wp-content/uploads/2022/07/GINA-Main-Report-2022-FINAL-22-07-01-WMS.pdf>
- Diagnostic uncertainty: [Microsoft Word - How to make an Asthma Diagnosis in Primary Care june 22.docx \(beatasthma.co.uk\)](#)
- Persistent psychosocial concerns despite appropriate support.
- Persistent uncontrolled asthma with safeguarding concerns after referral to social services following local safeguarding pathway.

## Acute Care Pathway

Please follow BTS/Local asthma guidelines:

<https://www.beatasthma.co.uk/resources/primary-healthcare-professionals/exacerbation-management/>



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## Pediatric Asthma 2ry Care Referral Form

Referral Date

[Click here to enter a date.](#)

### Reason for referral (please tick all relevant boxes)

Patient details:

- ≥2 courses oral corticosteroids per year
- Persistent chronic symptoms (most days for >3 months) or worsening of symptoms
- >1 hospital admission or ED attendance per year
- The use of >6 SABA inhalers per year (to note, CYP may have inhalers in different locations such as family homes, schools, clubs etc., therefore this might still be a trigger for a review and discussion)
- Asthma Control Test (ACT) / Childhood Asthma Control Test (c – ACT) score of <20 despite trial of appropriate management strategies in primary care following BTS/GINA guidelines:  
[Primary Healthcare Professionals - Beat Asthma](#)
- Poor inhaler technique
- Poor asthma control despite GINA step 2:  
[GINA Main Report 2022 Front Cover \(beatasthma.co.uk\)](#)
- Diagnostic uncertainty:



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[Microsoft Word - Document22 \(beatasthma.co.uk\)](#)

- Psychosocial concerns
- Persistent uncontrolled asthma with safeguarding concerns after referral to social services following local safeguarding pathway.

## Have all 'managing uncontrolled asthma' points been addressed prior to referral being made?

- Assess current asthma control – using asthma control test  
[Microsoft Word - ACT 4-11 years amended 0818.docx \(beatasthma.co.uk\)](#)  
[Microsoft Word - 2. Is my asthma well controlled?.docx \(beatasthma.co.uk\)](#)
- Assess and reduce modifiable risk factors
  - Comorbid atopic conditions (Hay fever, eczema, allergy...)
  - Younger age
  - Obesity
  - Tobacco smoke exposure
- Review inhaler technique
  - if poor, either correct or issue a new device that the patient can use (How to use devices information sheets/videos [chronic management - Beat Asthma](#))
- Review concordance
  - Ask about medication use and look at the number of preventer inhalers that have been issued in the last year
- Identify and eliminate trigger factors (consider allergen exposure, environmental factors etc.)  
[Microsoft Word - AIR POLLUTION.docx \(beatasthma.co.uk\)](#)
- Optimise care according to national/local asthma guidelines:  
[Primary Healthcare Professionals - Beat Asthma](#)
- Smoking cessation advice and sign posting to services (if required, for parents, carers and YP)

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[Microsoft Word - 6 Smoking and Asthma.docx \(beatasthma.co.uk\)](#)

- A health review to consider other conditions impacting asthma and management (diet, weight, lifestyle) and Signposting for further support
- Special consideration should also be given to potential mental health support needed
- Discussion with the parent or carer about housing (Beat Asthma resources) [Microsoft Word - 1 Your Home and your Child's Health.docx \(beatasthma.co.uk\)](#)



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Any Further relevant information:



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